

BP_A502.055_ESCORTED TRIP AUTHORIZATION

ESCORTED TRIP AUTHORIZATION**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

1. Institution		(PHOTO)
2. Inmate Name	3. Register No.	
4. Unit	5. Custody	
6. Request Initiated by (Name / Department)		

7. PURPOSE OF TRIP☐ Non-emergency, non-medical☐ Emergency, non-medical☐ Non-emergency, medical (out-patient)☐ Emergency, Medical (out-patient)☐ Non-emergency, medical (in-patient)☐ Emergency, Medical (in-patient)Basis for Escorted Trip (Explain Briefly)

8. Date of Trip	9. Destination (complete address)	
10. Time/Date of Departure		11. Time/Date of Return
12. Mode of Transportation (If other than by government vehicle, provide specific information, i.e., airline flights schedule)		
13. Estimated Cost		14. Amount in Inmate's Trust Fund Account

15. If inmate must pay part of cost, are required funds deposited to his/her trust fund

account: ☐ yes ☐ no (must be deposited prior to trip)

16. Additional Information (Provide any significant information regarding inmate's prior record, unusual circumstances of trip, special precautions to be taken, etc.)

Review by Unit Manager (Include comments and recommendations)

Unit Manager's Typed Name and Signature

Date

Inmate Name	Register No.
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PART B - CENTRAL INMATE MONITORING REVIEW

17. Central Inmate Monitoring: ☐ Yes ☐ No

Assignment: _____ Clearance Granted: _____

Reviewed by Central Monitoring Coordinator (Include comments and recommendations)

CIM Coordinator Signature: _____ Date: _____

PART C - REVIEW BY CLINICAL DIRECTOR / HSA

18. Reviewed by Clinical Director / HSA (Include comments and recommendations)

Clinical Director / HSA's Signature: _____ Date: _____

PART D - S I S (S I A) REVIEW

19. Reviewed by SIS (SIA) (Include comments and recommendations)

Signature: _____ Date: _____

PART E - CORRECTIONAL SERVICES REVIEW

20. Type of restraints required: _____

21. Escorting Officer(s): Officer-in-Charge: _____

Other Escorting Officers: _____

22. Weapons Required: ☐ Yes ☐ No

23. Reviewed By Captain (Include comments and recommendations)

Captains's Signature: _____ Date: _____

ASSOCIATE WARDEN REVIEW

24. Reviewed By Associate Warden (Over Custody) (Include comments and recommendations)

Associated Warden's Signature: _____ Date: _____

APPROVAL / DISAPPROVAL

25. WARDEN / SUPERINTENDENT: ☐ Approved ☐ Disapproved

(Comments) _____

Warden's / Superintendent's Signature: _____ Date: _____

REGIONAL DIRECTOR: (Where review and approval is required - See Program Statement on escorted trips)

☐ Approved ☐ Disapproved

(Comments) _____

Regional Director's Signature: _____ Date: _____